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3869/044

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Sullivan
SERIAL NO. : 10/050,163
FILING DATE : January 18, 2002
GROUP ART UNIT : 3742
EXAMINER : Robinson
TITLE : METHOD AND APPARATUS USEFUL IN THE
DIAGNOSIS OF OBSTRUCTIVE SLEEP
APNEA OF A PATIENT

RESPONSE TO ELECTION REQUIREMENT

Sir:

In response to the election requirement of June 15, 2004, the Applicant hereby elects group V without traverse. As indicated to the Examiner by the undersigned on June 29, 2004, the present application also includes claims 25-71 added in a preliminary amendment filed on January 18, 2002. Therefore, in

the opinion of the Applicant, the following claims belong to group V: 17-24, 39-50 and 66-71.

Respectfully submitted,
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Date: July 1, 2004

Tiberiu Weisz
Reg. No. 29,876

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PTO/SB/21 (02-04)

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FORM**

(to be used for all correspondence after initial filing)

Application Number	10/050,163	
	Filing Date	January 18, 2002
	First Named Inventor	SULLIVAN, Colin Edward
	Art Unit	3742
	Examiner Name	ROBINSON, Daniel Leon
Attorney Docket Number	3869-044 DIV	
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Tiberiu Weisz Tiberiu WEISZ GOTTLIEB, BACKMAN & REISMAN, P.C.
Signature	
Date	July 1, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Susan PIPERNO		
Signature		Date	July 1, 2004

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